



Dear Prospective Volunteer,

Thank you for your interest in volunteering at the Washington School for the Deaf. Volunteers play an important role at WSD and are highly valued by our school. As WSD's Volunteer Coordinator, I will help place you in an appropriate volunteer position, based on your interest and experience, available hours and ASL skills. We welcome all ASL skill levels, from beginners to native signers.

Please complete and return the attached application to Washington School for the Deaf - Attn: Volunteer Center, 611 Grand Blvd. Vancouver, WA 98661.

Once you turn in your volunteer application, I will schedule an interview date approximately one week after your application has been received. This will give us time to check your references and do a criminal background check. During your interview, we will discuss an appropriate placement. It is my goal that the volunteer's experience is an enjoyable and educational one, which is why the right placement is extremely important.

If you have any questions, please contact me. I can be reached at (360) 696-6525 ext. 4361 v/tty or Email: [sharon.caton@wsd.wa.gov](mailto:sharon.caton@wsd.wa.gov).

I look forward to working with you.

Sincerely,

Sharon Caton  
Volunteer Coordinator

## VOLUNTEER APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Code \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Cellular/Pager ( ) \_\_\_\_\_

## EDUCATION

Are you presently middle or high school? Yes No (Circle) Current Grade 6 7 8 9 10 11 12

Name of School: \_\_\_\_\_

Principal's Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

## EMPLOYMENT/VOLUNTEER HISTORY

**Present or last employer** \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Your Title \_\_\_\_\_

Total Years/Months employed \_\_\_\_\_

**Previous employer** \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Your Title \_\_\_\_\_ Total Years/Months employed \_\_\_\_\_

### **LANGUAGE SKILLS**

Are you currently enrolled in a sign language course(s)? Yes No

Have you previously completed a sign language course(s)? Yes No

Name of School/Program \_\_\_\_\_

Please indicate appropriate skill level: (circle one)

American Sign Language: None Beginner Strong Beginner Intermediate Advanced Native

### **VOLUNTEER EXPERIENCE/INTERESTS**

Describe your present or previous volunteer experience.

List skills, hobbies, or interests that might be helpful in determining areas for volunteer placement.

If offered a choice, which age range and program most interest you?

## PERSONAL SKILLS ASSESMENT

The following questions will in no way hinder your opportunities to volunteer at the Washington School for the Deaf. The Volunteer Coordinator will only use it as a tool for the best possible placement.

Circle the number that describes you best:

1- Superior   2-Good   3-Average   4-Below Average   5-Poor

Ability to get along with others	1	2	3	4	5
Dependability	1	2	3	4	5
Sensitivity to others	1	2	3	4	5
Ability to make decisions	1	2	3	4	5
Initiator	1	2	3	4	5
Flexibility	1	2	3	4	5
Willingness to accept criticism	1	2	3	4	5
Creativity	1	2	3	4	5
Ability to work with others	1	2	3	4	5
Ability to work alone	1	2	3	4	5
Leadership ability	1	2	3	4	5

## AVAILABLE HOURS (PLEASE BE SPECIFIC)

How many hours per week would you like to volunteer? \_\_\_\_\_

Days/Times available: Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Are you interested in being informed of volunteer needs for special events? Yes No (You will need to provide your e-mail address. Special events request are sent out via e-mail Volunteer Listserv). Opportunities will also be posted in the Volunteer Center.

## REFERENCES

List three references that are not a relative or close friend. Teachers, employers, church leader, supervisors and/or group leaders are preferred. Be sure to inform them that they will be receiving a call from the Volunteer Coordinator.

### **Reference one**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Cellular/Pager \_\_\_\_\_

### **Reference two**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Cellular/Pager \_\_\_\_\_

**Reference three**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Cellular/Pager \_\_\_\_\_

**VOLUNTEER EMERGENCY INFORMATION**

Only the Volunteer Coordinator and the Placement Supervisor will have a copy of this information.

**Volunteer Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Cellular/Pager \_\_\_\_\_

Hospital \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

**Person(s) to be contacted in the event of an emergency**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Cellular/Pager \_\_\_\_\_

**If under 18**

We will first attempt to contact the person listed as an emergency contact for plan of action. If no contact is successful and the situation needs immediate attention we will transport the volunteer to the hospital and remain with them until someone is contacted.

I give permission for Washington School for the Deaf to transport my son/daughter to the closest hospital.

Parent/Guardian Signature Date \_\_\_\_\_

**DISCLOSURE STATEMENT**

This disclosure statement shall be completed and signed prior to volunteer services for the Washington School for the Deaf.

I hereby declare that I have/have not been: (put a YES or NO by each listing)

\_\_\_\_\_ convicted of any crime against children or other persons;

\_\_\_\_\_ convicted of crimes relating to financial exploitation, the victim was a vulnerable adult;

\_\_\_\_\_ convicted of crimes related to drugs as defined in RCW 43.43.830;

\_\_\_\_\_ found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor

or to have physically abused any minor; \_\_\_\_\_ found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor \_\_\_\_\_ found in any disciplinary board final decisions to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult; \_\_\_\_\_ found by a court in protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

I certify under penalty of perjury, under the laws of the state of Washington that the proceeding are true and correct:

Date of birth \_\_\_\_\_

Maiden name or other aliases used \_\_\_\_\_

Print Name Signature \_\_\_\_\_

Date Place signed (city, county, state) \_\_\_\_\_

## **\*\*ATTACH A COPY OF YOUR PHOTO ID\*\***

### **CONSENT FOR RELEASE OF INFORMATION (for junior, senior high school students or those previously graduated from senior high school)**

Full legal name \_\_\_\_\_ Date of birth \_\_\_\_\_

School Name \_\_\_\_\_ School District \_\_\_\_\_

Principal Name \_\_\_\_\_ Phone Number \_\_\_\_\_

(put a YES or NO by each listing)

**Have you ever been arrested?**

(if yes) for what \_\_\_\_\_ when \_\_\_\_\_  
by which department \_\_\_\_\_

**Are you a registered sex offender?**

(if yes) what state \_\_\_\_\_ what county \_\_\_\_\_

**Have you ever been suspended from school?**

(if yes) why \_\_\_\_\_ when \_\_\_\_\_ where \_\_\_\_\_

**Have you ever been expelled from school?**

(if yes) why \_\_\_\_\_  
when \_\_\_\_\_ where \_\_\_\_\_



### **FOR PARENTS OF STUDENTS UNDER 18**

I, \_\_\_\_\_, give the above named school the authority to release any and all information concerning behavior, discipline, mental health, medical and criminal issues regarding the enrollment of the above named student, whom is under my guardianship, at the above named school to the Washington School for the Deaf. I also understand that under FERPA laws, the above named school may be legally bound and required to give information about the above name student, if they are considered a safety risk to the staff or students at the Washington School for the Deaf.

Print name / parent signature \_\_\_\_\_

Date \_\_\_\_\_

### **FOR STUDENTS OVER 18**

I, \_\_\_\_\_, give the above named school, the authority to release any and all information concerning behavior, discipline, mental health, medical and criminal issues regarding my enrollment at the above named school to the Washington School for the Deaf. I also understand that under FERPA laws my current school may be legally bound and required to give information about me if I am considered a safety risk to the staff or students at the Washington School for the Deaf.

Print name / Signature \_\_\_\_\_

Date \_\_\_\_\_

### **VOLUNTEER AGREEMENT**

**Put your initials by each comment.**

\_\_\_\_ I agree to abide by the policies of Washington School for the Deaf. I understand that a student handbook and a volunteer policy manual are available in the Volunteer Center.

\_\_\_\_ I will not discriminate in the performance of my duties on the basis of race, color, sex, religion, marital status, national origin or the presence of any physical, mental or sensory handicap.

\_\_\_ I will not represent myself as an employee. I do not expect to receive any monetary compensation for my services.

\_\_\_ I will not disclose any information about staff, students or clients that I gain as a result of my duties regard less of the source of information.

\_\_\_ I agree to meet time commitments and standards agreed to, except in exceptional circumstances, and to give reasonable notice so other arrangements can be made. I understand that if I do not inform the Volunteer Coordinator of my absence, I can be called to a meeting with the Volunteer Coordinator and be discharged.

\_\_\_ I agree to wear a name tag at all times.

This agreement is binding in honor only, is not intended to be a legally binding contact between us and may be cancelled at any time at the discretion of either party. Neither of us intend any employment relationship to be created either now or at any time in the future.

Print name / Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Frequently Asked Questions About Volunteering At WSD**

**Q: How do I start the process of volunteering at WSD?**

**A:** Simple! Contact WSD's Volunteer Coordinator, at (360) 696-6525 ext. 4361v/tty or e-mail [sharon.caton@wsd.wa.gov](mailto:sharon.caton@wsd.wa.gov) to request an application. Once you have completed the application, return it to the Volunteer Coordinator, and the process will begin. If any questions arise during the application process, please don't hesitate to call.

**Q: What is the process?**

**A:** Fill out an application  
Submit references  
Fill out a Background Check form  
Interview with the Volunteer Coordinator  
Placement if application is accepted

**Q: How will I know if I have been accepted?**

**A:** You will be notified by phone or e-mail. The Volunteer Coordinator will be scheduling volunteers as soon as placements become available.

**Q: After I have been placed what are my responsibilities?**

**A:** Volunteer name tags. Volunteer name tags will be provided and must be worn and visible at all times while on campus.

Volunteer sign in and out. All volunteers must sign in and out. Sign in/out book is located in Volunteer Center.

Supervision. Staff will serve as direct supervisors for volunteers. Volunteers are not to be left alone with students at any time.

**Q: What is the dress code?**

**A:** We ask that our volunteers come to do their service in comfortable clothes that are not disruptive or too revealing. Personal hygiene is a must and appearance should be neat and clean.

For dress code details, refer to the Volunteer Policy Handbook.

**Q: Do I have to be fluent in ASL?**

**A:** No. Each individual, regardless of ASL skill level, is welcome to apply. Your placement will, in part, be based on your ASL skill level, but you are not required to be fluent.

**Q: Why do I have to wear a name tag?**

**A:** All visitors and volunteers are required to wear name tags while at WSD. This will eliminate any confusion as to why you are on campus.

**Q: What if my placement is not working out for me?**

**A:** your differences, or make a more suitable match. Also, the same can be true for a volunteer/activity leader relationship. The important factor is to address the issue immediately. Please feel free to talk to the Volunteer Coordinator with any concerns you may have.

**Q: How important is attendance?**

**A:** You are depended on. Without you, the student may not have a “special person” for the day. If for some reason you will be absent or late, please call or e-mail the Volunteer Coordinator immediately. Be conscientious about your commitment to your volunteer position.

**Q: What if a student tells me something that is of a confidential nature?**

**A:** It is important that you listen to the student you are helping. Your student will come to trust you and may disclose personal problems and dangerous home situations. Share any concerns with the activity leader or Volunteer Coordinator so that the student can receive help. Always be respectful of the child’s privacy and do not discuss these issues with anyone but the activity leader or the Volunteer Coordinator. Also, be sure to share successes and comments about the student’s progress with the activity leader.

**Q: How many hours per week am I required to volunteer?**

**A:** There is no established time required to volunteer at WSD. We recognize that every volunteer’s

situation is different. We welcome you to explore opportunities that will meet your needs and those of WSD. Volunteers are placed based on their interest, experience, attitude, commitment, available hours and ASL skill level. The number of hours is not a determining factor.

**Q: I work full-time – can I volunteer on weekends?**

**A:** Not on a regular basis. WSD is closed on weekends, giving residential students an opportunity to spend time with their families. However, there are many single-day events, and periodic weekend events throughout the year. At these special events we most likely will need additional help and welcome your involvement. You must go through the same application process. Please discuss this with the Volunteer Coordinator.

**I really want to volunteer at WSD, but I am unable to commit my time on weekly basis.**

**Q: What can I do?**

**A:** After completing the application process, you can be added to the Special Events List. You will be informed on a regular basis of upcoming events where volunteers are needed. Volunteers for special events are of tremendous value to us, and, if you are available to participate during these events, this will give you an opportunity to be part of the volunteer program.

**Q: What are some of the volunteer placements from which I may choose?**

**A:** Opportunities are limitless! We have had volunteers assisting in classrooms, helping with our literacy program, athletics, tutoring, residential, after school programs and office assistance are only a few areas where volunteers are an asset to WSD. Each department welcomes volunteers. Let's talk about your skills and interests in order to make the best match possible!

**Q: Are there volunteer opportunities waiting to be filled?**

**A:** Although there are a great many needs for volunteers at WSD, most often they must be developed on an individual basis. Therefore, when planning for fieldwork or community service please allow time for this process to take place.  
Staff is so involved with their on-going responsibilities; it often takes time for placements to be confirmed.

**Q: Once I am placed, how will the department Secretary and Principal know who I am?**

**A:** Upon starting your volunteer placement, you will be given the appropriate staff members' names, each of whom will be expecting you. We ask that you introduce and identify yourself as a volunteer.  
Because there are a large number of volunteers on campus, this should help to eliminate any confusion or concern as to why you are in that building and/or on campus.

**Q: What do I do if I have a concern about a student or staff member?**

**A:** Contact the Volunteer Coordinator.

**Q: What do I do if I am injured while volunteering?**

**A:** Contact your direct supervisor immediately and the Volunteer Coordinator. Volunteers are covered by Labor and Industries Workers' Compensation Insurance.

**Q: Although it is unlikely to happen, how will my supervisor know whom to contact if I am injured?**

**A:** As part of your application packet you will complete a Volunteer Emergency Form. A copy will be on file at the Volunteer Center and with your placement supervisor.

**Q: What do I do in case of an emergency where a student is injured?**

**A:** Since you are never to be left alone with a student, you may be asked to assist your supervisor.